

Received by the Town Clerk: Date: _____

Signed: _____

APPLICATION COVER PAGE

Name of Applicant and Mailing Address: _____

Email Address: _____ Telephone Number: _____

Name of Owner and Mailing Address (If not Applicant): _____

Map and Lot #: _____ Street Address _____

Applicant is: _____ (Owner, Tenant, Purchaser, Other)

Nature of Application (Special Permit, Appeal, Variance): _____

Applicable Section of Zoning Bylaw: _____

Date of Denial by Building Inspector, Zoning Inspector, or Planning Board
(If Applicable): _____

Is the main dwelling, (existing or proposed), over 3,000 square feet?
_____ Yes or _____ No

Please read the attached Bylaw Section 9.2-2 “Review Criteria” and check the applicable box below.

- 1) This application complies with all requirements of Section 9.2-2.
- 2) This application DOES NOT comply with all requirements of Section 9.2-2.

If you have checked box number 2, please indicate (circle), the parts of Section 9.2-2 with which the Application does not comply or which challenge the requirements of this section of the Zoning Bylaws on the attached and file as part of this application. Any non-compliant issues will be addressed at the Public Hearing.

REQUIRED TO COMPLETE APPLICATION

_____ **Plot Plan:** Must provide a plan by a registered surveyor showing the total property with the existing buildings, including the proposed project, all setback distances and driveway access to road.

_____ **Floor Plans and Elevations:** 2 sets of scaled drawings of floor plans that show total sq. ft. per floor (measured from exterior of wall), at least 2 elevations with one showing proposed height to ridge. If the project is an addition to existing structure please clearly identify proposed work.

_____ **Narrative:** Detailed description of proposed project.

_____ **Application fee of \$200.00 payable to: The Town of West Tisbury.**

I have read the overview of the ZBA process attached to this application, completed all sections of the application cover page and provided all required documentation and therefore request a hearing before the West Tisbury Zoning Board of Appeals with reference to the above noted application.

Applicant Signature: _____ **Date:** _____

Title(s): _____

FOR ZONING BOARD USE ONLY

Size of Subject Lot: _____ **Zoning District:** _____

Registry Book and Page #'s and Date _____

Other Boards Involved with the Permitting:

Within an Overlay District?

Martha's Vineyard Commission Referral Required? _____ YES _____ NO

If So, MV Checklist Items:

Completed Application Received by the Zoning Board of Appeals:

Signed: _____ **Date:** _____
Pam Thors, Board Administrator